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COMPREHENSIVE HEALTH SERVICES PROJECTS



Guidelines for Projects Under Section 314(e) of the Public Health Services Act

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

Health Services and Mental Health Administration

Community Health Service

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GUIDELINES

for

DEVELOPMENT OF COMPREHENSIVE HEALTH SERVICES PROJECTS
to be supported through
GRANTS UNDER SECTION 314(e) OF THE PUBLIC HEALTH SERVICE ACT
and
RELATED FEDERAL PROGRAMS

February 1969

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INTRODUCTION

Section 314(e) of the Public Health Service Act provides for grants "to any public or non-profit private agency, institution, or organization to cover part of the cost of (1) providing services (including related training) to meet health needs of limited geographic scope or of specialized regional or national significance, or (2) developing and supporting for an initial period new programs of health services (including related training)."

Highest priority will be given to grant applications for the development of projects contributing to the delivery of comprehensive health services. Comprehensive health services have as their focus the needs of individuals and families, rather than particular diseases. The goal of this grant program is the promotion, improvement, and maintenance of the health of a population through the effective use of resources within the community.

A variety of services contributing to a comprehensive health services project are eligible for support under Section 314 (e). These services may vary considerably in scope, depending upon the state of comprehensive health services development in each community. In all instances, however, 314(e) supported services should promote the development of a comprehensive health services project that provides a continuum of environmental, physical and mental health services necessary for the achievement of the highest level of health.

These Guidelines describe a total comprehensive health services project which may be supported through a multiplicity of funding sources - Federal (including 314(e) funds), State or local governments, and public or private non-profit agencies. Existing guidelines and policies for the several appropriate Federal grant programs will, in their separate instances, be applied. For example, grants funded under Section 314(e) of the Public Health Service Act, as amended, will be subject to the Health Services Development Project Grants Policy Statement issued by the Office of Comprehensive Health Planning; grants funded under Section 310 of the Public Health Service Act, as amended, will be subject to the Information and Policy Statement issued by the Migrant Health Program; and grants funded under the Appalachian Regional Development Act will be subject to the Information and Policy Statements issued by the Appalachian Regional Commission. A partial listing of major Federal programs that may contribute to the success and support of services, facilities and training for comprehensive health services projects is shown on page 10.

The following are desirable characteristics of comprehensive health services projects:

- Provision for the delivery of comprehensive health services.
- Use of residents of the target population in policy-making, planning, and working roles.
- Provision for training and career development for all health workers.
- Provision for on-going evaluation of the project's effectiveness and relevance to local needs.
- Support of activity beyond an initial limited period of Federal financing.
- Significant influence of health activities on broader social problems.

These and other points are expanded upon below.

SERVICES

The project should:

- a. Provide for an interrelated continuum of services including application of established preventive and environmental measures, early detection of disease, prompt and effective treatment and rehabilitation.
- b. Reflect a thorough understanding of the health needs of the population to be served and establish specific objectives and priorities for meeting these needs as well as other health related problems.
- c. Improve accessibility and use of health services (including hours and locations of service convenient to the persons to be served), as measured by physician services rendered, additional services available to the population, barriers to delivery of services removed or significantly reduced, etc.
- d. Coordinate with other human services programs.

COMMUNITY PARTICIPATION

The project should:

- a. Insure that residents of the target area will have decision-making roles in the planning, development and operation of the project, including site and personnel selection.
- b. Make provision for the active participation and advice of residents and practitioners from the project area in defining changing needs, special problems and major gaps in services.

TRAINING AND CAREER DEVELOPMENT

The project should:

- a. Incorporate plans for short and long-term training programs for project personnel, which draw upon the resources of educational institutions, government manpower development and employment services, private industry, and foundations.
- b. Develop job opportunities for residents from the service area. These jobs should be structured to provide the employee with a necessary and significant function.
- c. Provide for defined career ladders for both professional and non-professional employees of the project. Career opportunities should be available within or outside the project.
- d. Make every effort to educate health professional groups in the importance of new careers and their potential for augmenting the pool of health manpower.

ORGANIZATIONAL ARRANGEMENTS

The project should:

- a. Insure achievement of project goals through employment of a competent director and staff, application of appropriate organizational structure, such as a group practice arrangement.
- b. Establish program linkages with high priority national programs, such as Model Cities and Neighborhood Service Programs.

- c. Establish staff and organizational collaboration with other existing health and health-related groups and organizations in the area; e.g., local governments, planning agencies, Concentrated Employment Programs, Community Action Agencies, hospitals, health departments and medical schools, medical, dental, and other professional health groups.
- d. Design a staffing pattern that fosters outreach and continuity of care, and which will contribute to the project's functioning as an initial point of entry into the health care system. Such a pattern generally requires at least one primary service professional (general practitioner, pediatrician, internist) for every 1,000 persons in the target population.
- e. Include arrangements for hospitalization of patients, and for hospital admitting privileges for physicians working in the program.

EVALUATION

The project should:

- a. Make a reasonable estimate of the potential effects of the health program on selected indicators of community health status, and provide for an adequate method for assessing and reporting the impact of the project on health status indicators and on attitudes and practices of the population served.

- b. Provide for periodic and unbiased project evaluation with respect to:

achievement of specific, locally developed objectives;

consumer satisfaction with project services;

trends in use of ambulatory services and inpatient facilities;

quality of care; and

training programs.

FINANCING

The project should:

- a. Use and coordinate funds from other government sources within and outside the Public Health Service. (See page 10.)
- b. Seek all sources of reimbursements for medical care services, e.g., Titles XVIII and XIX of the Social Security Act, private insurance, labor union funds, State and local welfare programs, health departments, etc. (Before an approved grant may be considered for funding, the applicant must include an estimate of reimbursements from Titles XVIII (Medicare) and XIX (Medicaid) of the Social Security Act, and other sources. This amount should be deducted from the gross cost of the project.)
- c. Provide justification in the application when a specific project or project element is not funded by the most directly related program.
- d. Establish a broad base of community support to increase the likelihood that the project will be able to function on an independent financial base.

BUDGET

The project should:

- a. Phase-in the budget in relation to staff recruitment plans and delivery of services. (First year expenditures usually amount to about 60% of the second year proposed operating level.)
- b. Indicate clearly what effect the project will have on unemployment in the target area.
- c. Distribute its funds in a manner to meet objectives. The following percentages may apply in a comprehensive health services project:

Health Services (physical, mental and environmental)	50-60%
Dental Care	15-25%
Health Education Community Organization	15-20%
Training	10-15%
Evaluation	3-12%
Administration	5-10%

Total annual per capita costs should be limited to about \$100 for all items, exclusive of construction.

PHYSICAL FACILITY

The project should:

- a. Insure physical accessibility of the site location to the target population.
- b. Relate the size of the facility to the services to be provided. General guides for space requirements are:

<u>Sq. Ft. per person in target population*</u>	<u>Target Population</u>
2	10,000
1.5	20,000
1.0	30,000

- c. Obtain more than one estimate of the costs for renovation, when renovation is a part of the project. Time projections for the renovations should be reviewed and opinions on their validity sought from the State Hill-Burton agency.
- d. Contact the local General Services Administration office for aid in determining the fair rental price, if the facility is to be rented.
- e. Submit plans for facility for review by staff of the State Hill-Burton agency.

**Because of economies of scale in laboratory, X-ray, and office space, and in other specialty services, square foot/population ratios can be reduced significantly by operating the project within the context of a hospital out-patient department or existing clinic. This approach will be encouraged only when the hospital program philosophy is consistent with the delivery of comprehensive health services.*

OVERALL SIGNIFICANCE

The project should:

- a. Indicate clearly how it will significantly alleviate a core health problem, as perceived by both professionals and residents of a target area, and how it will interlock with other community efforts in dealing with broader social problems.
- b. Serve to attract physicians, dentists, and other health professionals to the area, through demonstration of the feasibility of practice in areas presently underserved.
- c. Estimate its potential impact in providing leadership and stimulus to other community efforts.

PARTIAL LISTING OF MAJOR FEDERAL PROGRAMS FOR SUPPORT OF FACILITIES, TRAINING, AND SERVICES IN COMPREHENSIVE HEALTH SERVICES PROJECTS

APPALACHIAN REGIONAL COMMISSION

Multicounty Demonstration Health Projects

To provide for the planning, construction, equipment and operation of multicounty comprehensive demonstration health projects --- hospitals, diagnostic and treatment centers, and others, in certain counties of 13 States in the Appalachian Region. Construction grants cannot exceed 80 percent of project costs.

DEPARTMENT OF COMMERCE

Economic Development Districts

To provide support for new industry and permanent jobs in economically distressed communities. An overall economic development program must be submitted and approved before areas may be designated and qualify for the full range of financial assistance.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Group Practice Mortgage Insurance

To provide mortgage insurance to lenders financing facilities for group practices. The mortgage amount cannot exceed 90 percent of the estimated value of the property when the proposed improvements are completed.

Neighborhood Facilities

To provide grants to local public bodies or agencies to help establish multi-purpose neighborhood centers offering concerted community health, recreational, or social services in designated Model Cities areas.

DEPARTMENT OF LABOR

Manpower Development and Training

To provide occupational training for unemployed and underemployed persons who cannot reasonably obtain appropriate full-time employment without training.

New Careers Program

To provide an adult work-training employment program to improve the physical, social, economic, or cultural conditions of the community served in fields including but not limited to health, education, welfare, neighborhood redevelopment, and public safety.

Special Impact Program

To provide a work-training experience program concerned with the socio-economic problems of poverty-stricken urban communities or neighborhoods.

OFFICE OF ECONOMIC OPPORTUNITY

Neighborhood Health Centers

To provide support for the establishment of comprehensive health centers in poverty areas, including delivery of personal health and social services, and personal and community health education. Support is provided only when not available from other sources.

OFFICE OF EDUCATION

Vocational Education

To provide grants to States to supplement State and local funds used under an approved State plan for vocational education.

PUBLIC HEALTH SERVICE

Allied Health Professions

To provide grants for projects to develop, demonstrate, or evaluate curricula for training new types of health technologists. Limited to accredited junior colleges, colleges, and universities.

Health Services Development Grants

To cover part of the cost of providing services to meet health needs of limited geographic scope or of specialized regional or national significance, or developing and supporting for an initial period new programs of health services, including necessary specialized training directly related to the purpose of the project. Support of alteration or renovation of a facility is limited to \$50,000 per project, regardless of the number of years over which the funds might be provided or the number of separate grants into which such costs might be spread. Support limited to \$30,000 is provided for initial development of a comprehensive health services project which is competitive for Federal funding.

Comprehensive Public Health Services Grants

To assist States in establishing and maintaining adequate public health services, including the training of personnel for State and local health work under an approved State plan for provision of public health services. At least 15 percent of a State's allotment is reserved for the State Mental Health Authority, and 70 percent of the remainder of a State's allotment is available only for the provision under the State plan for services in communities of the State.

Hospital and Medical Facilities Construction

To make grants and loans available to aid the building and equipping of hospital and medical facilities, administered through the State Hill-Burton agencies, which select projects in accordance with State plans.

Mental Health Centers in Communities

To provide financial assistance for the building and initial staffing of community mental health centers. Centers must offer at least these five services to qualify for support: inpatient treatment, outpatient treatment, partial hospitalization, emergency services, and consultation and education. Centers adding new services can qualify for initial staffing of professional and technical personnel even though new construction is not involved.

Migrant Health Program

To provide grants for the establishment and operation of facilities and services to improve the health of domestic migratory farm workers and their families.

Public Health Training for American Indians

To provide public health occupational training to Indian men and women. Designed specifically to train people to work on reservations and in Indian health facilities.

Regional Medical Programs

To provide support for the development of cooperative arrangements among a group of institutions for research, clinical and research training, and demonstrations of patient care in heart disease, cancer, stroke, and related diseases.

SOCIAL AND REHABILITATION SERVICE

Child Welfare Research and Demonstration Project Grants

To provide financial support for special research and demonstration projects in the field of child welfare which are of regional or national significance. Research and demonstration projects include such areas of child welfare as adoption, foster care, services for unmarried mothers, services for mentally retarded children, and services for emotionally disturbed children; and special projects for demonstrating new methods or facilities that contribute to the advancement of child welfare.

Child Welfare Services

To provide grants-in-aid to State public welfare agencies for establishing, extending, and improving social services for children and youth; and to assist in preventing and solving problems that may cause neglect, abuse, exploitation, or delinquency of children. The program protects and cares for homeless, dependent, or neglected children and children of working mothers, including the strengthening of their own homes where possible, or the caring for children away from their homes, in foster family homes, and in day-care or other child-care facilities.

Maternal and Child Health Service

To provide grants-in-aid to States for extension and improvement of services which promote the health of mothers and children, including maternity clinics, well-child clinics, and pediatric clinics, especially in rural areas and in areas suffering from severe economic distress. This program also provides special grants for projects of regional or national significance which contribute to the advancement of maternal and child health services.

Maternity and Infant Care Projects

To provide grants for health care for prospective mothers who have or who are likely to have conditions associated with child-bearing which are hazardous to the health of the mothers or their infants.

Vocational Rehabilitation

To provide matching funds to States to cover 75 percent of the costs of vocational rehabilitation services for physically or mentally handicapped persons who can probably be rehabilitated for work. Assistance may also be provided for the establishment, construction, expansion, and improvement of rehabilitation facilities and workshops for the physically or mentally disabled, as well as for training projects that contribute to solutions of rehabilitation problems common to all or several of the States.

Work Experience Program

To provide support for upgrading the employability of needy adults, with emphasis on unemployed parents of dependent children.

Assistance with developing and financing a comprehensive health services project may be obtained through the Regional Program Directors of the Community Health Service at the Public Health Service regional offices listed below:

Region I

John F. Kennedy Federal Bldg.
Government Center
Boston, Massachusetts 02203

Maine, Vermont, New Hampshire
Massachusetts, Connecticut, Rhode Island

Region II

Federal Bldg.
26 Federal Plaza
New York, New York 10007

New York, Pennsylvania, New Jersey
Delaware

Region III

220 7th Street, N.E.
Charlottesville, Va. 22901

Maryland, Virginia, W. Virginia, Kentucky
North Carolina, Puerto Rico, Virgin Islands

Region IV

50 Seventh Street, N.E.
Atlanta, Georgia 30323

Tennessee, S. Carolina, Georgia, Alabama
Mississippi, Florida

Region V

433 West Van Buren Street
Chicago, Illinois 60607

Wisconsin, Michigan, Illinois, Indiana
Ohio

Region VI

601 East 12th Street
Kansas City, Missouri 64106

North Dakota, South Dakota, Nebraska
Kansas, Missouri, Iowa, Minnesota

Region VII

1114 Commerce Street
Dallas, Texas 75202

New Mexico, Oklahoma, Texas, Arkansas
Louisiana

Region VIII

9017 Federal Office Building
19th and Stout Street
Denver, Colorado 80202

Montana, Idaho, Utah, Wyoming, Colorado

Region IX

Federal Office Building
50 Fulton Street
San Francisco, California 94102

Washington, Oregon, California, Nevada
Arizona, Alaska, Hawaii

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